

Quality Management Strategy

Participant Access:

An assessment to determine eligibility is conducted by participating Supports for Community Living (SCL) waiver providers utilizing the Medicaid Waiver Assessment Form, 351B. The Quality Improvement Organization (QIO) reviews the MAP-351B and determines Intermediate Care Facility/Mental Retardation (ICF/MR) level of care. DMS staff monitor the QIO contract to ensure compliance with waiver eligibility requirements is met and level of care determinations are made within three (3) days of submission of written request. This monitoring includes a percentage review of all level of care determinations. DMS retains the authority for all level of care determinations. Issues identified through this monitoring results in retraining as appropriate for the QIO staff or corrective actions by the QIO to meet contract requirements.

DMS contracts with the Department for Community Based Services (DCBS) to conduct the technical and financial eligibility determinations for the Medicaid program. This contract is monitored by a full-time position within DMS.

The State offers choice to all individuals. The "Application for SCL Waiver/ICF/MR Facility Services, MAP-620" form is utilized at the time of the initial application for mental retardation/developmental disability services to document the member's choice of community waiver services versus institutional care. The application form includes a statement for the individual's physician documenting the medical necessity for the waiver services. These applications are reviewed by Admission Committee review staff to ensure the individual meets the eligibility criteria for the waiver program. Upon notification of available funding for the member, the member selects a waiver provider of their choice who is responsible for completing the full admission process for initiation of services for the member.

The SCL Case Managers are required to inform the SCL members regarding choice of waiver services versus institutional services, choice of traditional or consumer directed or blended service options, choice of waiver services, and choice of providers. These choices are documented utilizing the "Long Term Care Facilities and Home and Community Based Program Certification Form, MAP-350" which must be maintained by the SCL providers in each member record. Monitoring of this requirement is accomplished through the initial admission process of prior authorization of services and through on-site certification surveys conducted at least annually by DMR. DMS staff also conduct monitoring of a percentage of individual records as second line monitoring of DMR and the SCL waiver providers.

Participant Centered Service Planning and Delivery:

SCL providers must supply and educate members regarding all services available through the waiver program including the service definitions and any applicable limitations. All SCL members have a designated case manager who is employed by the SCL provider. The case manager is responsible for the assistance in obtaining and coordination of all identified service needs of the member.

All SCL members are assessed at the time of initial waiver admission and reassessed at least annually, at a minimum (more frequently if a change in the member's condition warrants). These assessments are conducted utilizing the "Medicaid Waiver Assessment Form, MAP-351B". This assessment tool utilizes the member's level of functioning in the following areas: activities of daily living, instrumental activities of daily living, mental/emotional health and well-being; behavioral support needs; environmental information to determine if the member meets ICF/MR level of care. The member participates in this entire process and this assessment/reassessment is utilized along with the "Individual Support Plan/Support Spending Plan, MAP-145" form to develop the person centered support plan. During this process the member is encouraged and assisted to participate in all areas of decision making. The SCL provider must provide any needed education regarding the waiver program to the member.

Upon receipt of approved level of care SCL waiver provider case managers are required to submit a service packet to the Department for Mental Health and Mental Retardation Services, Division of Mental Retardation (DMR) for review, approval and prior authorization of services upon admission of the individual to the waiver program and at least annually thereafter. The packet consists of the MAP-351B, MAP-350, the Level of Care certification, a psychological, a social history, the initial thirty (30) day Individual Support Plan MAP-145. Evaluation of the individual occurs during the first thirty days of service and any necessary revisions to the MAP-145 are to be completed and submitted to DMR within thirty (30) days of initiation of services for continued prior authorization of services. The individual support plan must provide details of the personal needs identified in the planning process (including any health and safety/risk factors), the type and amount of each waiver service chosen by the individual to meet their support needs, the provider chosen for each service, non-waiver services to be provided, emergency back-up plan, personal outcomes and the specific service and training objectives to be implemented. Addendums to the MAP-145 are to be submitted by the Case Manager or Support Broker within fourteen (14) days of any change in support needs or choice by the individual for review and prior authorization. Based upon review of the MAP-145 additional documentation may be requested to ensure appropriateness of the support plan. Additional information that is requested includes service assessments and documentation of past service provision. DMR tracks and submits monthly summary reports to DMS reflecting total number of MAP-145's reviewed. DMS reviews a

percentage of member records on site to ensure appropriate approval and implementation of individual support plans.

In addition to the eligibility assessment, MAP-351B, a North Carolina Support Needs Assessment Profile (NC-SNAP) is completed by state staff for all individuals in the SCL waiver program to identify high intensity level of support need. DMR provides training and technical assistance to SCL providers regarding the person-centered planning process, completing and modifying the individual support plans.

Monitoring of the support plans includes ensuring all needs of the participants are met by appropriate interventions or services. This includes the coordination of non-waiver services as well. The Case Manager is responsible for facilitating the planning process, education, referral and coordinating community resources to meet the participant's needs by:

- Ensuring all activities documented meet the service definitions of the waiver;
- Ensuring the services are provided in accordance with the approved MAP-145;
- Ensuring participants are involved in the care planning process and have freedom of choice in their service provision.

SCL providers are required to maintain detailed documentation of the decision making process during the planning meeting and to provide a complete listing of providers to allow participant choice of any certified provider. Through on site monitoring of the SCL waiver providers DMR ensures: that an individual assessment is conducted to ensure medical necessity for waiver services; all required eligibility information is completed and maintained in each individual's record; monitors appropriateness and implementation of the individual support plan; and monitors documentation is maintained to ensure the member has been fully educated regarding options available and assisted to have freedom of choice and decision making authority. The monitoring occurs through review of the member's clinical record during on site provider certification surveys conducted at least annually, and during quarterly technical assistance provider site visits. DMR maintains a database to track all provider certification surveys, all technical assistance provided to providers and all complaints received regarding problems with service providers or service provision. Based on findings of surveys, site visits and the prior authorization review process, DMR facilitates additional planning meetings as needed to ensure revision of plans found to be deficient and the DMR Training and Resource Development Staff develop other comprehensive training for consumers and providers. Comprehensive trainings focus on person-centered planning, self-determination, values and rights of the member.

Participant Rights and Responsibilities:

All SCL members are informed of their rights and responsibilities at the time of initial assessment and annual reassessment. This information is documented and maintained by the SCL provider in the member clinical record. This information is reviewed at least annually by DMR during certification surveys and also reviewed during investigations related to this area. DMS also monitors on site during second line reviews.

SCL members are provided written appeal rights anytime there is an adverse action initiated. These appeals are held timely and fair hearing procedures are exercised through the Administrative Hearings Branch. DMS tracks and trends all appeals to identify criteria or regulatory language requiring modification.

SCL providers are required to implement procedures to address member complaints and grievances. The providers are required to educate all members regarding this procedure and provide adequate resolution in a timely manner. The provider grievance and appeals are monitored by DMR through on site monitoring during surveys, investigations and technical assistance visits. Complaints and grievances received by DMR are tracked for trending and to determine if additional action is needed to resolve the issue.

Provider Capacity and Capabilities:

The SCL program offers statewide coverage to members. SCL providers are required to enroll through DMS provider enrollment and are then certified by DMR prior to DMS final approval to initiate provision of waiver services. If the agency also operates a group home, it is first licensed by the Office of Inspector General (OIG) and then also certified by DMR as a SCL waiver provider to ensure all waiver requirements and staff qualifications for service provision are met.

DMR conducts an initial pre-service survey, a follow up survey within thirty (30) days of initiation of service provision and recertification surveys at least annually thereafter for all SCL providers. Providers are monitored to ensure continued compliance with the regulatory requirements and CMS Quality Protocol. DMR sends a completed certification tool and notice of length of certification to DMS. The certification tool is broken down by category based on the CMS protocol.

The DMR Waiver Manager, Quality Assurance, the Quality Initiative staff and the team leader from the survey review and discuss all certification survey findings. The length of certification is determined through this analysis process and is based on overall volume of deficiencies cited, historical deficiencies from previous surveys or investigations, and analysis of incident management reports. DMR renders additional sanctions including contingencies with limited

timeframes for correction, shortened certification lengths, moratoriums on new admissions and even recommendations for termination of their certification and participation as a provider. DMR conducts on site monitoring of Plans of Correction submitted by the provider in response to survey or investigation findings to ensure implementation of the approved plan of correction and compliance with the regulatory requirements.

All complaints regarding certification violations are tracked and investigated by DMR staff. Copies of all investigation reports are forwarded to DMS upon completion as well as any deficiency letters sent to providers as a result of the investigation. The Office of Inspector General has a toll-free telephone number for the "Medicaid fraud hotline" to report any complaints or regulatory violations. These reports are all reviewed and forwarded to DMR for investigation.

DMR has a full time staff person designated to new provider recruitment and orientation for new provider applicants to provide information regarding the waiver regulatory requirements; the certification process; the person centered planning process, rights, values, dignity and respect; and to provide technical assistance throughout the certification process. New provider applicants are provided a Provider Handbook which contains resource material to assist them with enrollment and certification and on-going ability to meet the waiver regulatory requirements.

DMR provides quarterly provider educational workshops via teleconferencing to provide updated information and new trainings based on issues identified through the monitoring process.

DMS staff conduct second line monitoring to ensure surveys and investigations are completed timely and waiver requirements are being met throughout the process.

Participant Safeguards:

The state assures that providers safeguard the health, safety and welfare of participants through multiple activities. The case managers are also responsible to continuously monitor safety and risk factors for the member and to develop and revise the emergency back up plan to address any matters of concern regarding the member's ability to remain in the community setting. The case manager is responsible for ensuring the member has access to him/her and emergency contact information twenty-four hours per day/ seven days per week. The case manager is required to have at least one face to face visit with the member each month and monitor each service the member is receiving. In addition, providers are required to have written plans to address service provision in the event of natural disasters and other public emergencies. These plans are reviewed at least annually through the DMR on-site surveys, during investigations of incidents and complaints and during second line monitoring conducted by DMS.

SCL providers are required to adhere to state-mandated reporting laws for incident management and reporting of any allegations or suspected abuse, neglect or exploitation. All provider direct care staff are trained in prevention, identification, and reporting of abuse, neglect and exploitation. The state incident management system requires waiver providers to complete and submit the required incident report form and have a process in place for investigation, communication and prevention of incidents within specified timeframes. DMR Quality Initiative staff review all Class I incidents involving medication errors or the use of emergency restraint, Class II and Class III incident reports within twenty-four hours of receipt. Other Class I incident reports that are not required to be submitted to DMR, are required to be maintained in the record at the provider site. These are reviewed by DMR during certification surveys, monitoring visits and investigations to ensure classification, agency follow-up and reporting requirements are all being met. All incident reports submitted to DMR are logged and tracked in the Incident Management database and quarterly reports are reviewed to identify any trends or patterns that need to be addressed. As the QI staff review incidents submitted, any issues needing immediate action are assigned to designated Area Administrators for investigation or to the designated Area Administrator for the particular provider to address through technical assistance with the provider agency within specified timeframes. Priority areas of the analysis include abuse, neglect, exploitation, medication errors and emergency restraint use. DMR provides joint quarterly training with the Kentucky Adult Protective Services staff for providers regarding the statutory reporting requirements, identification and prevention of abuse, neglect and exploitation. Joint investigations are conducted when possible with the Adult/Child Protective services staff on any allegation or suspicion of abuse, neglect or exploitation. Monthly management meetings are held with the Kentucky Adult Protective Services and State Guardianship staff to collaboratively address preventive measures for abuse, neglect and exploitation and to monitor effectiveness of the system.

The QI staff work with the Department for Mental Health and Mental Retardation Mortality Review Clinical Review Team in the review and analysis of any death of a waiver member. Findings of the analysis process are addressed through specific training initiatives for both clinical and non-clinical staff. DMR QI staff also work with the Department Risk Management Team to review serious incidents for trending and development of Department wide preventive strategies.

SCL waiver providers are required to have a complaint process in place and to educate waiver members, family members, and legal representatives regarding this process and how to utilize the grievance process with the agency. The state QI staff log and track all complaints received regarding the waiver program.

Participant Outcomes and Satisfaction:

Consumer Satisfaction/Quality surveys are conducted by consumers, family members and advocates through the National Core Indicators project and a Real Choices System Change Grant, and through face to face meetings with members during home visits conducted during provider certification surveys at least annually. Findings from these avenues are addressed by the assigned DMR Area Administrator through technical assistance to the provider, facilitation of additional planning meetings with the member and their support team and are also shared with the DMR Education and Resource staff who develop and provide training to consumers, families, advocacy organizations, schools, providers, facilities who are transitioning members from facility to the community waiver program and other state agency staff.

Additionally, SCL providers are required to conduct annual satisfaction surveys and revise their Quality Improvement Plan based on the results of the surveys. These are monitored by DMR staff during the certification surveys and during investigations of complaints regarding dissatisfaction or issues with service provision. Providers are required to address any issues identified through Plans of Correction which are then monitored by DMR staff to ensure implementation of corrective actions.

System Performance:

Administrative Authority:

Through analysis of data obtained from the above-mentioned tools, DMR modifies existing systems and trainings to ensure continuing quality and satisfaction. DMR routinely reviews all reports to identify changing trends so that proactive modifications may be implemented to ensure continuing quality care. Based on the continuing analysis of the system, DMR provides recommendations to DMS for any needed revisions to the governing regulation or procedures manual. DMS provides policy clarifications to DMR and the SCL waiver providers to ensure appropriate implementation of program policy and any revisions as they occur.

Financial Accountability:

The State assures claims are coded and paid in accordance with the reimbursement methodology specified in the waiver. Edits and audits are established in the Medicaid Management Information System (MMIS) and reviewed periodically for program compliance and as policy is revised, to ensure claims are not paid erroneously. DMR and DMS staff monitor the fiscal accountability of waiver providers through performing post payment audits of claims. DMR conducts at least annual post payment billing reviews of each provider agency to identify billing errors, as well as ensuring documentation is

maintained by the provider that supports service delivery meets the service definition and that services have been provided in accordance with the approved individual support plan. Additional billing reviews are conducted based on issues identified during certification surveys or investigations.

DMR and the DMS fiscal agent provide on-going training and technical assistance to waiver providers regarding submission and resolution of claims. This training includes formal training sessions, and one-on-one training or technical assistance.